

# South Carolina Health Care Insurance and Access Survey (2003)

## University of South Carolina

### INTRODUCTION:

"Hello, this is \_\_\_\_\_ calling from the University of South Carolina. This month the University is conducting a confidential study on health and health insurance services in the state, and we'd really appreciate your help and cooperation."

"We are calling for the South Carolina Department of Insurance, and we are not selling anything. The purpose of this study is to identify ways to make health insurance more affordable as well as available to more residents of the state. Your telephone number was chosen scientifically and we would like your help to make the study as accurate as possible. All information will be kept strictly confidential and the results will be reported in summary form, so no individual information will be reported."

"Your cooperation is voluntary. You may stop me at any time, and if there are any questions you would rather not answer, let me know and we will go to the next question. The interview should take approximately 10 to 15 minutes complete."

"First, let me make sure I've dialed the correct phone number ... Is this \_\_\_\_\_?"

"And what county do you live in? RECORD COUNTY : \_\_\_\_\_"

"As part of this study we will be asking some questions about HEALTH INSURANCE for people in your household."

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

- 1      yes → **GOTO S4**
- 2      no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

- 1      yes → **GET PERSON ON PHONE AND GOTO S4**
- 2      no → **CALL BACK → Who should I speak with? What is a good time to call back?**  
**GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE**

S3A \_\_\_\_\_

S4. We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. First, including yourself, how many people currently live or stay in your household, apartment, or mobile home? (PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.) \_\_\_\_\_

S4a. "And what is your age?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

98. DON'T KNOW (PROBE: "Just approximately ...")

S4b. INTERVIEWER – RECORD SEX OF INFORMANT (ASK IF NECESSARY)

1. MALE

2. FEMALE

S5. "And what is the age of the oldest male (other than you) living in the household?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO (OTHER) MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S6. "And what is the age of the next oldest male (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S7. "And what is the age of the next oldest male (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S8. "And what is the age of the oldest male living in the household?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S9. "And what is the age of the next oldest male (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S10. "And what is the age of the next oldest male (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL MALES LIVING IN HOUSEHOLD --- GO TO S11

98. DON'T KNOW (PROBE: "Just approximately ...")

S11. "And what oldest female (other than you) living in the household ... what is her age?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO (OTHER) FEMALES LIVING IN HOUSEHOLD --- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

S12. "And what is the age of the next oldest female (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL FEMALES LIVING IN HOUSEHOLD -- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

S13. "And what is the age of the next oldest female (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL FEMALES LIVING IN HOUSEHOLD -- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

S14. "And what is the age of the next oldest female (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL FEMALES LIVING IN HOUSEHOLD -- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

S15. "And what is the age of the next oldest female (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL FEMALES LIVING IN HOUSEHOLD -- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

S16. "And what is the age of the next oldest female (living in the household)?"

RECORD AGE: \_\_\_\_\_

96. 96 OR OLDER

97. NO ADDITIONAL FEMALES LIVING IN HOUSEHOLD -- GO TO H0

98. DON'T KNOW (PROBE: "Just approximately ...")

**H0.** "My next questions are about you and your health insurance. I am going to read you a list of different types of health insurance. Please tell me if you CURRENTLY have any of the following.

Do you CURRENTLY have:	Y	N	D K	REF
H1. Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card. <b>IF YES → GOTO MEDIGAP</b> <b>IF ELSE → GOTO H2</b>	1	2	7	9
* MEDIGAP. Do you have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit? <b>*NOTE: MEDIGAP and MEDHMO are SC-specific optional items</b>	1	2	7	9
* MEDHMO. Are you (Is R) enrolled in an HMO?	1	2	7	9
<b>(DO NOT ASK FOR INDIVIDUALS UNDER AGE 18)</b> H2. A Railroad Retirement Plan?	1	2	7	9
H3. TRICARE, Veteran's Affairs service connected to a disability, military health care ?	1	2	7	9
H4. Active Military?	1	2	7	9
H5. Medicaid	1	2	7	9
<b>(ASK ONLY FOR INDIVIDUALS AGE 18 OR YOUNGER)</b> H6. Children's Health Insurance Program, or CHIP (Partners for Healthy Children)?	1	2	7	9
H7. Insurance through the South Carolina Health Association or high risk pool insurance?	1	2	7	9
<b>(DO NOT ASK FOR INDIVIDUALS UNDER AGE 18)</b> H8. Health insurance through your work?	1	2	7	9
H9. Health insurance through someone else's work or professional association?	1	2	7	9
<b>(DO NOT ASK FOR INDIVIDUALS UNDER AGE 18)</b> H10. Health insurance <u>bought directly</u> by you?	1	2	7	9
H11. Health insurance bought directly by someone else? <b>IF H10 OR H11 YES → GOTO POLICY</b> <b>ELSE GOTO "NOTE" BEFORE H12.</b>	1	2	7	9
POLICY. Is this an individual or family policy? <u>1</u> individual policy <u>2</u> family (covers more than one person) <u>7</u> don't know <u>9</u> refused				

PREM.	<p>How much do you (does TARGET) pay each month for your (TARGET's) health insurance premium?</p> <p>           PREM1A. \$ _____ monthly      PREM1C. \$ _____ quarterly            PREM1B. \$ _____ biweekly      PREM1D. \$ _____ semi-annually            PREM1E. \$ _____ annually         </p> <p>           7      don't know            9      refused         </p>				
DED1.	<p>Does your (TARGET'S) health insurance include a deductible?</p> <p>READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services.</p> <p>           1      yes → <b>GOTO DED2</b>            2      no → <b>GOTO DRUG</b>            7      don't know → <b>GOTO DRUG</b>            9      refused → <b>GOTO DRUG</b> </p>				
DED2.	<p>How much is it for your deductible (READ: DO NOT INCLUDE PREMIUM EXPENSES)?</p> <p>\$ _____</p> <p>           777      don't know            999      refused         </p>				
DRUG.	<p>Do you (Does TARGET) have insurance that pays for prescription drugs?</p> <p>           1      yes            2      no            7      don't know            9      refused         </p> <p><b>GOTO H14</b></p> <p><b>NOTE: POLICY, PREM, DED1, DED2, DRUG ARE SC-SPECIFIC OPTIONAL ITEMS ASKED OF ONLY THE INDIVIDUALLY INSURED</b></p>				
		<b>Y</b>	<b>N</b>	<b>DK</b>	<b>REF</b>
<p><b>NOTE: IF ANSWER TO ANY "H" QUESTIONS IS "YES," GO TO H14.</b></p> <p><b>NOTE: IF ANSWER TO ALL "H" QUESTIONS IS "NO":</b></p> <p>H12. According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?</p> <p> <b>IF YES → GOTO H13</b>  <b>IF NO/DK/REF → GOTO H15</b> </p>		1	2	7	9

H13. And who is that? **(DO NOT READ, SELECT ANSWER)**

- 1 Medicare
- 2 Railroad Retirement Plan
- 3 TRICARE, Veteran's Affairs service connected to a disability, military health care?
- 4 Active Military
- 5 Medicaid
- 6 CHIP, SCHIP or the Children's Health Insurance Plan
- 7 South Carolina Health Association or high risk pool insurance
- 8 Health insurance through your (TARGET) work professional association
- 9 Health insurance through someone else's work or professional association
- 10 Health insurance bought directly by you (TARGET)
- 11 Health insurance bought directly by someone else

[NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED]

- 13 Workers compensation for specific injury/illness
- 14 Employer pays for bills, but not an insurance policy
- 15 Family member pays out of pocket for any bills

**16 No Private or Public Insurance**

**IF 1-11 → GOTO H14**

**IF 13-16, say:**

**"For purposes of this survey, we'll assume (you do not/TARGET does not) have insurance."  
THEN GOTO H15**

	Y	N	DK	REF
	1	2	7	9
H14. Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance? <b>GOTO CHECK1</b>				
H15. Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? <b>CONTINUE WITH CHECK1</b>	1	2	7	9

**CHECK1:**

- **IF H14 ASKED AND RESPONDENT/TARGET LESS THAN 18 YEARS OLD, GO TO DENTAL**
- **IF H14 ASKED AND RESPONDENT/TARGET AGE 18 OR OLDER, CONTINUE WITH HHEMP1 AND HHMAR, THEN GO TO DENTAL**
- **IF H15 ASKED AND RESPONDENT/TARGET LESS THAN 18 YEARS OLD, GO TO PARCOV1**
- **IF H15 ASKED AND RESPONDENT/TARGET AGE 18 OR OLDER, CONTINUE**

- HHEMP1. (Are YOU/Is this person) currently:
- 01 self employed or own your business
  - 02 employed by someone
  - 03 an unpaid worker for family business, farm, or home →GOTO HHMAR
  - 04 retired → GOTO HHMAR
  - 05 unemployed, or not working → GOTO HHMAR
  - 06 full-time student (greater than three-fourths time) → GOTO HHMAR
  
  - 07 don't know → GOTO HHMAR
  - 09 refused → GOTO HHMAR

**PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS**

- HHMAR. (Are you/Is TARGET person) currently
- 01 married,
  - 02 living with partner,
  - 03 divorced,
  - 04 separated,
  - 05 widowed, or
  - 06 have you never been married
  - 77 don't know
  - 99 refused

**IF H14 ASKED, GO TO DENTAL**  
**IF H15 ASKED, CONTINUE**

## Long Form Items for Uninsured All Year

**IF TARGET AGE IS 18-25 ( $\geq 18$  AND  $\leq 25$ ) → GOTO EVER  
ELSE → GOTO CHECK2**

EVER. Have you (Has TARGET) ever been covered by health insurance?

- 1 yes → **GOTO PRIOR**
- 2 no → **GOTO COV1**
- 7 don't know → **GOTO COV1**
- 9 refused → **GOTO COV1**

PRIOR. Prior to becoming uninsured, what type of insurance did you (TARGET) have? Was that

- 1 Medicare
- 2 some other form of public insurance
- 3 insurance through own or someone else's employer or union
- 4 student health insurance
- 5 insurance bought directly by you/them or by someone else
- 6 Veterans Affairs (VA, TRICARE)
- 10 COBRA
- 11 Other (Probe for type) (SPECIFY) \_\_\_\_\_
- 77 Don't know
- 99 Refused

YOUNG. Was this insurance coverage through (your/TARGET's) parents' or guardian's plan?

- 1 yes
- 2 no
- 7 don't know
- 9 refused



**CHECK2:**

- **IF RESPONDENT'S/TARGET PERSON'S AGE IS LESS THAN 18, GO TO PARCOV1**
- **IF RESPONDENT/TARGET DOES NOT HAVE A PARTNER (WIDOWED; NEVER MARRIED; DON'T KNOW; OR REFUSED TO QUESTION HHMAR) GO TO OWNCOV**
- **ELSE → GOTO COV1**

COV1. Now I'd like to ask a few questions about your (TARGET's) access to insurance ....  
Does (your/TARGET's) spouse or partner have insurance through their work or union?

- 1 yes → **GOTO COV2**
- 2 no → **GOTO COV3**
- 3 spouse/partner does not work → **GOTO OWNCOV**
- 4 no spouse/partner in household or in area → **GOTO OWNCOV**
- 7 don't know → **GOTO COV3**
- 9 refused → **GOTO COV3**

COV2. Could this insurance policy be extended to cover you (TARGET)?

- 1 yes → **GOTO COV5**
- 2 no → **GOTO OWNCOV**
- 7 don't know → **GOTO OWNCOV**
- 9 refused → **GOTO OWNCOV**

COV3. Is your (TARGET's) spouse or partner ELIGIBLE for health insurance through their work or professional association, but chosen not to sign up for it?

- 1 yes → **GOTO COV4**
- 2 no → **GOTO OWNCOV**
- 7 don't know → **GOTO OWNCOV**
- 9 refused → **GOTO OWNCOV**

COV4. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**IF COV4 IS ASKED, GOTO OWNCOV**

COV5. What is the main reason (you /TARGET) do not get insurance through that family member?

**PROBE: CAN YOU TELL ME THE PRIMARY REASON YOU DID NOT GET INSURANCE THROUGH THIS FAMILY MEMBER.**

**DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.**

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 too much hassle/paperwork
- 4 could not afford/too expensive
- 5 own plan through work is cheaper/benefits better
- 6 expect to get own health insurance soon
- 7 after waiting period will be covered by family member's policy
- 8 benefit package didn't meet needs
- 9 doubt eligible/rejected because of health condition
- 10 other (specify) \_\_\_\_\_
- 77 don't know
- 99 refused

OWNCOV. What is the main reason (you have not/TARGET has not) bought health insurance on your (their) own?

**DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.**

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 do not know where to begin/where to go
- 4 too much hassle/paperwork
- 5 could not afford/too expensive
- 6 expect to be covered by a health insurance policy shortly
- 7 benefit package didn't meet needs
- 8 not eligible for reason other than health
- 9 doubt eligible/rejected because of a health condition
- 10 other (specify) \_\_\_\_\_
- 77 don't know
- 99 refused

**CHECK3:**

- **IF RESPONDENT'S/TARGET IS NOT EMPLOYED (I.E., ANSWER TO QUESTION HHEMP1 IS EQUAL TO OR GREATER THAN CODE 3) GO TO PUB1**
- **ELSE → CONTINUE**

EMPCOV1. Does the firm (you work/TARGET works) for offer health insurance as a benefit to any of its employees?

- 1 yes → **GOTO EMPCOV2**
- 2 no → **GOTO PUB1**
- 7 don't know → **GOTO PUB1**
- 8 NOT applicable, NOT employed → **GOTO PUB1**
- 9 refused → **GOTO PUB1**

EMPCOV2. Can (your/TARGET's) employer coverage be extended to cover dependents?

- 1 yes
- 2 no
- 7 don't know
- 9 refused
- 8 TARGET does NOT have ACCESS to insurance through OWN employer → **GOTO PUB1**

EMPCOV3. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

EMPCOV4. Why aren't (you/TARGET) included in your employer's group health insurance plan?  
**DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.**

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 too much hassle/paperwork
- 4 could not afford/too expensive
- 5 DO NOT work enough hours in a week
- 6 have NOT worked there long enough
- 7 doubt eligible/rejected because of health condition
- 8 benefit package didn't meet needs
- 10 other (specify) \_\_\_\_\_
- 77 don't know
- 99 refused

**GOTO PUB1**

Now I'd like to ask a few questions about (TARGET's) access to insurance through a parent or guardian.

PARCOV1. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees?

(PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD.)

- 1 yes → GOTO PARCOV2
- 2 no → GOTO OWNCOV2
- 7 don't know → GOTO OWNCOV2
- 8 Not Applicable/Parent not employed → GOTO OWNCOV2
- 9 refused → GOTO OWNCOV2

PARCOV2. Does this employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PARCOV3. Is TARGET's parent/guardian covered under this plan?

- 1 yes → GOTO PARVOC4
- 2 no → GOTO OWNCOV2
- 7 don't know → GOTO OWNCOV2
- 9 refused → GOTO OWNCOV2

PARCOV4. Can this coverage be extended to cover dependents?

- 1 yes → GOTO PARCOV5
- 2 no → GOTO OWNCOV2
- 7 don't know → GOTO OWNCOV2
- 9 refused → GOTO OWNCOV2

PARCOV5. What is the main reason (TARGET) is not included in this employer's health insurance plan AS A DEPENDENT?

**DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.**

- 1 child doesn't need insurance
- 2 rarely sick
- 3 parent is NOT ELIGIBLE to receive coverage
- 4 child is covered through another adult's employer plan
- 5 too much hassle/paperwork
- 6 could not afford/too expensive
- 7 their benefit package didn't meet this child's needs
- 8 expect this child will be covered by a policy shortly
- 9 child is covered under a school plan
- 10 other (specify) \_\_\_\_\_
- 77 don't know
- 99 refused

OWNCOV2. What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own?

**DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.**

- 1 don't need or want insurance
- 2 rarely sick
- 3 do not know where to begin/where to go
- 4 too much hassle/paperwork
- 5 could not afford/too expensive
- 6 expect they will be covered by a health insurance policy shortly
- 7 benefit package didn't meet this child's needs
- 8 not eligible for reason other than health
- 9 doubt eligible/rejected because of a health condition
- 10 other (specify) \_\_\_\_\_
- 77 don't know
- 99 refused

**CONTINUE WITH PUB1**

Now I'm going to ask you about public insurance programs available through the state of South Carolina for those who are uninsured.

PUB1. Have you (TARGET/TARGET's parents) ever asked for or been given information about one of the South Carolina public health programs, such as South CarolinaCare, GAMC or Medical Assistance, which is also called Medicaid or PrePaid Medical Assistance Plan (PMAP)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PUB2. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll?

- 1 yes → **GO TO DENTAL**
- 2 no
- 7 don't know
- 9 refused

PUB3. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

- 1 yes → **GOTO DENTAL**
- 2 no → **GOTO PUB4**
- 7 don't know → **GOTO DENTAL**
- 9 refused → **GOTO DENTAL**

PUB4. Please tell me why you (TARGET) would not enroll?  
**INSTRUCTION: RECORD VERBATIM**

DENTAL. Do you (does TARGET) currently have insurance that pays for dental care?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

HSTAT. Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor
- 7 don't know
- 9 refused

HHRACE1. (Are you/Is TARGET person) Hispanic?

- 1 yes
- 2 no
- 9 refused

HHRACE2. What is (your/TARGET person's) race? [MAY SELECT MORE THAN ONE]

**READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.**

- 01 White
- 02 Black, African-American
- 03 Asian
- 04 American Indian
- 05 Other Pacific Islander
- 06 Some other race? What race is that? \_\_\_\_\_
- 77 don't know
- 99 refused

HHEDUC. What is the highest level of education (YOU have/this person has) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

CITIZEN. (Are you/Is TARGET person) a citizen of the United States?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**NOTE: IF TARGET PERSON IS LESS THAN 18 YEARS OLD, SKIP TO SCREEN**

HHVA. (Are YOU/Is this person) serving on active duty in the U.S. Armed Forces, military reserves, or National Guard?

**(NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 yes
- 2 no
- 7 don't know
- 9 refused



**SCREEN:** "My next questions are about health insurance for other members of your household. First, I'd like to ask about the (oldest male/oldest female) [other than yourself]?"

**REPEAT QUESTIONS H1 THROUGH HHVA FOR ALL INDIVIDUALS LIVING IN THE HOUSEHOLD.**

**AFTER THIS INSURANCE INFORMATION HAS BEEN COLLECTED FOR ALL HOUSEHOLD MEMBERS, ASK:**

**"My final questions are about the person living in your household who will have the next birthday. Of the people that you have told me about, including yourself, who will have the next birthday. [INTERVIEWER CONFIRM SEX AND AGE OF SELECTED INDIVIDUAL. – CATI → SHOW SCREEN WITH ALL SEXES AND AGES; INTERVIEWERS CONFIRM SEX AND RACE]**

S10. What is your relationship to TARGET? Are you (his/her) ... (READ 2 THRU 10)

- 1 Self
- 2 Mother/Stepmother
- 3 Father/Stepfather
- 4 Spouse
- 5 Partner
- 6 Son/Daughter
- 7 Sibling/Sister/Brother
- 8 Grandparent
- 9 Other relative
- 10 NON-RELATIVE
- 77 Other

**READ: The following questions are about "TARGET".**

**IF TARGET AGE >2 YRS → GOTO S11**

**IF TARGET AGE =< 2 YRS → GOTO S12**

S11. How long have you (has TARGET) lived in South Carolina?

S11A. \_\_\_\_\_ # years      S11B. \_\_\_\_\_ # months

- 7 don't know
- 9 refused

**(PROBE FOR MONTHS IF LESS THAN 2 YEARS)**

**IF S11 ANSWERED, GO TO USC**

S12. How long has (TARGET's) parents or guardian lived in South Carolina?

S12A. \_\_\_\_\_ years      S12B. \_\_\_\_\_ months

- 7 don't know
- 9 refused

**(PROBE FOR MONTHS IF LESS THAN 2 YEARS)**

USC. Is there a regular place that you (TARGET) go for medical care?

- 1 yes
- 2 no → GOTO WHYNOUSC
- 7 don't know → GOTO WHYNOUSC
- 9 refused → GOTO WHYNOUSC

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

- 1 emergency room or urgent care center → GOTO USCPERS
- 2 clinic → GOTO CLINIC
- 3 doctor's office → GOTO USCPERS
- 4 or some place else (specify) \_\_\_\_\_ → GOTO USCPERS
- 7 don't know → GOTO CONFID
- 9 refused → GOTO CONFID

CLINIC. Is this clinic a . . .

- 1 public health, community, or free clinic
- 2 hospital outpatient clinic
- 3 private clinic
- 4 Other (please specify) \_\_\_\_\_
- 7 don't know
- 9 refused

USCPERS. Is there a particular health care professional you (TARGET) usually see(s) when you (TARGET) go there?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

MILES How many miles one way do you (TARGET) travel for this care?

\_\_\_ miles (If don't know then probe, using categories)

00. less than one mile

- 91 less than 10 miles
- 92 10 to 24 miles
- 93 25 to 49 miles
- 94 50 to 99 miles
- 95 more than 100 miles

Do you generally receive your healthcare services in states other than SC?

- 1 yes
- 2 no

**GOTO CONFID**

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

---

**DO NOT READ. MAP TO RESPONSE.**

- 1 can't afford it
- 2 DO NOT have health insurance
- 3 rarely get sick
- 4 clinic hours don't fit my schedule
- 5 transportation difficulties
- 6 language barrier
- 7 do not like/trust/believe in doctors
- 8 clinic I used to go to closed
- 9 just moved, DO NOT have a regular place yet
- 10 just switched insurance, DO NOT have regular place yet
- 11 two or more places depending on what's wrong
- 12 other (specify above)
- 77 don't know
- 99 refused

**CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:**

CONFID.

Please tell me how strongly you agree or disagree with the following statement:

**P:** "I am confident that (TARGET) can get the care she/he needs when she/he needs it."

**R:** "I am confident that I can get the care I need when I need it."

- Do you
- 1 Strongly agree
  - 2 Agree
  - 3 Disagree
  - 4 Strongly disagree
  - 7 Don't know
  - 9 Refused

DOC6M.

In the **past twelve months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

\_\_\_\_\_ visits

- 77 don't know
- 99 refused

**IF NO VISITS GOTO INPUSE**

DOC3M. In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

\_\_\_\_\_ visits

77 don't know  
99 refused

INPUSE. During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?

1 yes → GOTO INPUSE2  
2 no → GOTO ERUSE  
7 don't know → GOTO ERUSE  
9 refused → GOTO ERUSE

INPUSE2. How many times have you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

\_\_\_\_\_ times

ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room?

1 yes  
2 no  
7 don't know  
9 refused

**IF TARGET IS LESS THAN SIX YEARS OLD, GO TO CHECK4**

ABSENCE During the past 12 months, about how many days of school (work) have you (TARGET) missed due to illness or injury?

\_\_\_\_\_ days

**CHECK4: F RESPONDENT/TARGET IS LESS THAN 18 YEARS OLD, GO TO yyy**

HHEMP2. (Do YOU/Does TARGET) have more than one paying job?

- 1 yes
- 2 no
- 3 not employed → **GO TO COUNT**

HOURS. What is the total number of hours usually worked per week?

- \_\_\_\_\_ hours
- 77 don't know
- 99 refused

**CHECK5: IF MORE THAN ONE JOB (HHEMP2 = 1), ASK EMPHRS  
IF HHEMP2 EQUAL 2, GO TO EMPERM**

EMPHRS. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week? \_\_\_\_\_ hours

- 7 don't know
- 9 refused

EMPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary
- 3 seasonal
- 7 don't know
- 9 refused

(Do you/Does TARGET) work for government, a private business or some other type of organization?

- 1 government
- 2 a private business
- 3 other (specify)
- 7 don't know
- 9 refused

ALLSITES. About how many people work for the company your are employed by? Is is (READ CHOICES 1 THRU 5)

- 1 Just one
- 2 Between 2 and 10
- 3 11 and 50
- 4 51 and 100
- 5 more than 100

- 7 don't know
- 9 refused

EMPTYTYPE Thinking about the employer you work (TARGET works) for, what industry most closely

describes this employer. Is it (READ CHOICES 1 THRU 8)

- 1 Agriculture
- 2 Construction
- 3 Manufacturing
- 4 Retail trade
- 5 Professional and related services
- 6 Government
- 7 Hotel, motel, restaurant or entertainment
- 8 Medical, OR
- 9 Some other industry (SPECIFY)

JOB TENURE: How long have you (has TARGET) been employed in this position?

- 1 less than 1 month
- 2 more than 1 month but less than 6 months
- 3 more than 6 months but less than 1 year
- 4 more than 1 year but less than 5 years
- 5 more than 5 years

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

COUNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college or boarding school)

\_\_\_\_ people  
77 don't know  
99 refused

**IF COUNT = 1 → GOTO INCOME**

KIDCNT. How many of these people are children under age 21?  
\_\_\_\_ children

INCOME. What was your household's gross, pretax income from all sources for the year 2002? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.) Which category represents your family's income for the year 2002?

- 01 Less than 5,000
- 02 5,000 to 7,499
- 03 7,500 to 9,999
- 04 10,000 to 12,499
- 06 12,500 to 14,999
- 07 15,000 to 19,999
- 08 20,000 to 24,999
- 09 25,000 to 29,999
- 10 30,000 to 34,999
- 11 35,000 to 39,999
- 12 40,000 to 49,999
- 13 50,000 to 59,999
- 14 60,000 to 74,999
- 15 75,000 or more
- 77 don't know
- 99 refused

PHONE2. Not counting cell phones, business lines, extension phones, faxes, or modems -- on how many different telephone numbers can your household be reached?

Number \_\_\_\_\_

- 77 don't know
- 99 refused

S5. What is your zip code? \_\_\_\_\_



**IF RESPONDENT IS IN KEY RANGE FOR INCOME2, AND MEETS CRITERIA BASED ON COUNT AND KIDCNT, ASK INCOME3. CODES BELOW USE COUNT AND INCOME2 TO DETERMINE AMOUNT.**

INCOME3. Is your household income below \$(INSERT FPL CUTOFF—based on eligibility for South CarolinaCare)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**IF REFUSE INCOME1, INCOME2, OR INCOME3, OR DON'T KNOW INCOME2 OR INCOME3, ASK GOVPROG:**

**\*GOVPROG. Do you (Does TARGET or TARGET'S family) currently receive any of the following**

**(READ ENTIRE LIST. SELECT YES IF YES TO ANY):**

- Earned Income Tax Credit (EITC)
- Free or Reduced School lunches
- Section 8 housing (HUD, housing assistance, housing voucher)
- Women, Infants & Children (or WIC)
- Head Start
- SSI (Supplemental Security Income), SSDI (Disabled), RSDI, MSA
- MFIP, TANF
- Low income energy assistance
- Food Stamps

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**END OF SURVEY. THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.**